U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved
Office of Management
and Budget
No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official-Use Only
	Rec'd \$
Е	(AUG 1 6, AUG)
-	Of March

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 9700	2. Fiscal Year Covered From:		
	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Dwayne S Ivey	Name Laborers' international Union Local #89		
	Labor Organization File Number 019943		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 5797 Tooley St	Street 4161 Home Ave.		
City San Diego	City San Diego		
State California ZIP Code + 4 92114	State California ZIP Code + 4 92105		
5. Position in labor organization. Vice President / Field Repr	resentive graduation and the control of the control		
Enter appropriate data below if, during the past fiscal year, you or your s	spouse or minor child directly or indirectly had any of the following interests xclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organize	or derived income or other economic benefit of		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
N	The second secon		
Name			
Trade Name, if any:			
Trade Name, if any:	7.b. Amount.		
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street			
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4			
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Si 15. Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accompany)	signature of Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the		
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Si 15. Signature and verification. The undersigned declares, under penalty	signature of Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the		
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Si 15. Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accompany)	signature of Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the		

Name of Person Filing	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or inc dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the busines vely seeking to represent, or directly to, or otherwise	s	
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organiza b. Trust c. Employer	ation	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name San Diego County Const. Laborer Trade Name, if any: P.O. Box, Bldg., Room No., if any p o Box 5788	11.a. Nature of such dealing. 50 th Annual International Foundation Nov. 2005		
Street City El Monte State California ZIP Code + 4 92105	11.b. Approximate dollar val	- 2	\$1,758
C. Received from any employer (other than an employer covered unde	12.b. Amount.		\$0
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	or other thing of value. 14.a. Nature of payment.		
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment.		\$0

Name of Person Filing	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).	9. Business deals with:				
Name	<u> </u>				
Trade Name, if any:	a. Labor Organization				
P.O. Box, Bldg., Room No., if any	b. Trust				
Street	c. Employer	PROPERTY			
City					
State ZIP Code + 4					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name San Diego County Const. Laborer	50 th Annual International Foundat	ion Nov. 2005			
Trade Name, if any:		A CONTRACTOR OF THE CONTRACTOR			
P.O. Box, Bldg., Room No., if any p o Box 5788		A Composition of the Composition			
Street	11.b. Approximate dollar value of such dealing.	\$2,502			
City El Monte	12.a. Nature of interest held or income received.				
State California ZIP Code + 4 92105					
		;			
	12.b. Amount.	\$0			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	or other thing of value.				
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.				
Name		And a second sec			
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any	i .				
Street		Tempor monoton			
City					
State ZIP Code + 4		The property of the control of the c			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	\$0			